

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Christopher M. HERRING

Title: DECT-LIKE SYSTEM AND METHOD OF TRANSCEIVING
INFORMATION OVER THE INDUSTRIAL-SCIENTIFIC-MEDICAL
SPECTRUM

App. No.: 09/478,144 Filed: 01/05/2000

Examiner: HYUN Soon D. Group Art Unit: 2663

Atty. Dkt. No.: 1458-P04659

MS ISSUE FEE
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE (37 C.F.R. § 1.312)

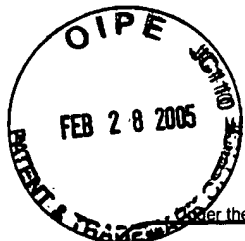
Dear Sir:

This Amendment is being submitted following the Notice of Allowance mailed on
December 7, 2004, and prior to payment of the issue fee.

Claim Amendments begin on page 2.

Remarks begin on page 6.

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<u>Judy Carey</u>	<u>[Signature]</u>
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/478,144	
	Filing Date	01/05/2000	
	First Named Inventor	Christopher M. HERRING et al.	
	Art Unit	2663	
	Examiner Name	HYUN, Soon D.	
Total Number of Pages in This Submission	7	Attorney Docket Number	1458-P04659

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Ryan S. Davidson		
Date	25 February 2005	Reg. No.	51,596

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